

**Candidate Statement of Interest**  
**A.R.S. § 16-311; A.R.S. § 16-341(I)**

You are hereby notified that I, the undersigned, hereby declare my interest to run as a candidate for the office of Council Member, in the City of Maricopa at the [regular/special] Election to be held on Tuesday, August, 4, 2026.

**Candidate Information** (Print your information.)

Name: Leach Adam  
Last First

Residence Address: 16650 N Dante way  
Street  
Maricopa Az 85138  
City State Zip Code

Mailing Address: 16650 N Dante way  
Street  
Maricopa Az 85138  
City State Zip Code

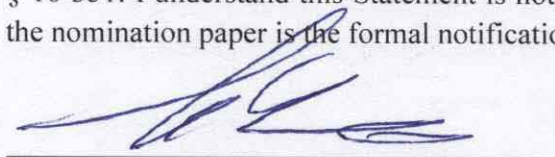
Primary Phone: 602 430 1256 Type of Phone: Home \_\_\_ Work \_\_\_  Cell \_\_\_

Alternate Phone: \_\_\_\_\_ Type of Phone: Home \_\_\_ Work \_\_\_ Cell \_\_\_

Primary Email: adam.leach.jk@gmail.com

Alternate Email: \_\_\_\_\_

By submitting this document, I understand that any nomination petition signatures collected before the date of this Statement of Interest are invalid and may be subject to challenge pursuant to A.R.S. § 16-351. I understand this Statement is not a formal declaration of candidacy and that filing of the nomination paper is the formal notification for seeking municipal office.



Candidate Signature

11/11/25

Date